



COMMUNITY SPIRIT GRANT APPLICATION

Please complete the following application using the instructions provided on the last page of this application. Attach additional pages if necessary.

Name of Applicant: _____

Address: _____

Phone: (____) _____ E-mail: _____

Contact 1 _____
Name Phone

Contact 2 _____
Name Phone

Federal Tax ID # or Social Security #: _____

TOTAL IN-KIND CITY SERVICES GRANT REQUEST: \$ _____

ELIGIBILITY REQUIREMENTS

Please answer the following questions to determine if your event is eligible for City grant funds:

	Y	N
Will your Spirit Event be held entirely within the City of Carlsbad?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Spirit Event have a citywide interest? If yes, explain in the section below	<input type="checkbox"/>	<input type="checkbox"/>
Have you submitted a Special Events Permit application to the City? (If yes, please attach a copy to this grant supplemental application)	<input type="checkbox"/>	<input type="checkbox"/>
Has your organization received other grants from the City of Carlsbad this year?	<input type="checkbox"/>	<input type="checkbox"/>
Is your Spirit Event a fundraiser?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to all of the above questions, your request is eligible for this grant program. Please complete the remainder of this application. If you answered no to any of the questions, please contact Courtney Enriquez at the City of Carlsbad (760-434-2812) to discuss your eligibility for the community spirit grant.

GRANT REQUEST DESCRIPTION *(if necessary, please attach supplemental pages to document)*

Applicant Background

Organization: _____

Names of Officers and Board of Directors (if applicable):

Name	Title

Name of the spirit event: _____

Location of event: _____

Date of event: _____

How does your spirit event benefit and provide citywide interest to the Carlsbad community? Does your event strengthen our community?

FINANCIAL CAPABILITIES/BUDGET

Do you have any additional funding opportunities (i.e. corporate or private sponsors, matching grants) currently committed or pending towards this event? Please complete the information below:

Name	Percentage of financial contribution towards event
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Please include a budget for the event.

CERTIFICATION

We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Signatures required by the organization's President and CFO)**

Signature

President

Date

Signature

CFO

Date

SUPPLEMENTAL INFORMATION & ALTERNATIVE FORMAT

Please submit this supplemental grant application together with a written request (cover letter) to the City of Carlsbad stating the amount of funding requested and intended use for this funding. As noted above, please attach a copy of your special event application (if applicable).

City of Carlsbad will provide written materials in alternative formats and reasonable modifications in policies and procedures to persons with disabilities upon request.

RETURN COMPLETED APPLICATION

Please hand deliver or send via U.S. mail completed grant application packet together with your cover letter to:

City of Carlsbad, Housing and Neighborhood Services
Attn: Courtney Enriquez
1200 Carlsbad Village Drive
Carlsbad, CA 92008

Telephone Number: 760-434-2812

Fax Number: 760-720-2037

E-mail: Courtney.Enriquez@carlsbadca.gov